

**LARSON & BROWN, PA**  
Estate Planning and Trust Administration Attorneys  
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**ESTATE PLANNING INFORMATION**

DATE COMPLETED \_\_\_\_\_

REFERRED BY \_\_\_\_\_

**PART I: PERSONAL INFORMATION**

**A. CLIENTS**

**Client 1**

**Client 2**

a. U.S. Citizen  Yes  No

Yes  No

b. Military Service  Yes  No

Yes  No

c. Full Legal Name: \_\_\_\_\_

\_\_\_\_\_

d. Name You Use to Sign  
Legal Documents: \_\_\_\_\_  
(please print)

\_\_\_\_\_  
(please print)

e. Home Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

f. County of Residence: \_\_\_\_\_

\_\_\_\_\_

g. Home Phone: \_\_\_\_\_

\_\_\_\_\_

h. Cell Phone: \_\_\_\_\_

\_\_\_\_\_

i. Business Phone: \_\_\_\_\_

\_\_\_\_\_

j. E-mail Address: \_\_\_\_\_

\_\_\_\_\_

k. Social Security No.: \_\_\_\_\_

\_\_\_\_\_

l. Age and Date of Birth: \_\_\_\_\_

\_\_\_\_\_

m. Employer: \_\_\_\_\_

\_\_\_\_\_

n. Occupation/Position: \_\_\_\_\_

\_\_\_\_\_

o. Date and Place of Marriage: \_\_\_\_\_

**B. CHILDREN, IF ANY**

Parent: Mark one (X):

Full Name of Child (List married names, if applicable)	Sex	Date of Birth	Joint or Both	Client 1	Client 2
1.					
2.					
3.					
4.					
5.					
6.					
7.					

**Children/Other Beneficiary Information** Complete the following information about your children and their spouses and children, if any. If your child/beneficiary isn't married, please note "single," "widowed," or "divorced" on the line labeled "Spouse's Name." **If you have a deceased child who has living children (your grandchildren), please indicate this below and list the grandchildren.**

If you have no children, please provide information about persons you plan to name as beneficiaries of your estate plan.

**1. CHILD/BENEFICIARY NAME:** \_\_\_\_\_  
 Special Needs?  Medical  Educational  Financial

Complete Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_; Social Security Number: \_\_\_\_\_  
 If Married, Spouse's Name: \_\_\_\_\_

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**2. CHILD/BENEFICIARY NAME:** \_\_\_\_\_  
 Special Needs?  Medical  Educational  Financial

Complete Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_; Social Security Number: \_\_\_\_\_  
 If Married, Spouse's Name: \_\_\_\_\_

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**3. CHILD/BENEFICIARY NAME:** \_\_\_\_\_  
Special Needs?    Medical    Educational    Financial

Complete Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_; Social Security Number: \_\_\_\_\_  
If Married, Spouse's Name: \_\_\_\_\_

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. CHILD/BENEFICIARY NAME:** \_\_\_\_\_  
Special Needs?    Medical    Educational    Financial

Complete Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_; Social Security Number: \_\_\_\_\_  
If Married, Spouse's Name: \_\_\_\_\_

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. CHILD/BENEFICIARY NAME:** \_\_\_\_\_  
Special Needs?    Medical    Educational    Financial

Complete Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_; Social Security Number: \_\_\_\_\_  
If Married, Spouse's Name: \_\_\_\_\_

Children's Full Names (Remember to use married names if applicable.). Note if this child is either a biological/adopted child of your child/beneficiary OR a step-child of your child/beneficiary.

<u>Name:</u>	<u>Bio/Adopted</u>	<u>Step</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. TRUSTEES**

Who will be the initial Trustee(s)? If all children, just state "all children." If one or more in sequence, please indicate. **We will need the Social Security Number for each child or person serving initially as a Trustee.**

Name:

Social Security No.

_____	_____
_____	_____
_____	_____

**D. BENEFICIARY/DISTRIBUTION INFORMATION**

1. If your plan for distribution of assets is anything other than outright to children equally after your death or the death of both spouses, please explain what you wish to accomplish. We will discuss the pros and cons of leaving assets in trust as opposed to outright distribution.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you have a child who is deceased, how should that deceased child's share be passed? Should the deceased child's share go to his or her children, if any, or to deceased child's spouse, if any? Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_